

Safety Contract



Name _____

Class _____

Date _____

Below is a Student Safety Contract that was developed by the National Science Teachers Association.

Read the Safety Contract.

Write your name in the space provided, then fill in the date and sign it.

I will

- Follow all instructions given by my teacher.
- Protect eyes, face, hands, and body while conducting laboratory activities.
- Carry out good housekeeping practices.
- Know the locations of first-aid and fire-fighting equipment.
- Conduct myself in a responsible manner at all times in the laboratory.
- Accept a 0 on a lab experiment if I violate one of the above commitments.

I, _____, have read and agree to abide by the safety regulations as set forth above and also any additional instructions provided by my teacher and or school district.

Date _____

Student Signature _____

Parent Signature _____